

**EXPORT-IMPORT BANK OF THE UNITED STATES  
APPLICATION FOR SPECIAL BUYER CREDIT LIMIT (SBCL)  
UNDER MULTI-BUYER EXPORT CREDIT INSURANCE POLICIES**

App. No. \_\_\_\_\_

(Please Print or Type)

(Ex-Im Bank Use Only)

<b>1. Insured Name</b>  Policy No.: _____ State: _____  Attn.: _____ Tel No.: _____ Fax No.: _____ E-Mail: _____	<b>2. Broker (If none, state "None")</b>  Brokerage: _____ Broker No.: _____  Attn. : _____ Tel No.: _____ Fax No.: _____ E-Mail: _____
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3. Reason for Application on this Buyer:  
☐ Policy carries no Discretionary Credit Limit (DCL) ☐ Amount requested exceeds DCL  
☐ Country Limitation Schedule restricts your DCL in this market ☐ Other \_\_\_\_\_  
☐ Renewal/Increase/Amendment of existing SBCL-Existing Final Shipment Date
4. Buyer Name and Address: \_\_\_\_\_ File No. \_\_\_\_\_  
(Ex-Im Bank Use Only)
5. Guarantor Name and Address (If any): \_\_\_\_\_ File No. \_\_\_\_\_  
(Ex-Im Bank Use Only)
6. (a) Products ☐ New ☐ Used (if used, attach Used Equipment Questionnaire EIB92-63).  
(b) Products Description \_\_\_\_\_  
(c) Is each product produced or manufactured in the United States? ☐ Yes ☐ No  
(d) Has at least one-half of the value, exclusive of price mark-up, been added by labor or material exclusively of United States origin?  
☐ Yes ☐ No  
(e) Are products listed on the United States Munitions List? (part 121 of Title 22 of the Code of Federal Regulations) ☐ Yes ☐ No
7. (a) Exporter and/or manufacturer name and address if other than insured: \_\_\_\_\_
8. (a) Credit Limit requested \$ \_\_\_\_\_  
(b) Payment terms requested \_\_\_\_\_
9. (a) Summary of credit experience with this buyer during current year and past two years, including uninsured experience:  
\_\_\_\_\_  
Total sales each year \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Highest amount outstanding at any time during the period \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Payment terms \_\_\_\_\_  
(b) Describe buyer's payment history (check one)  
☐ No prior experience ☐ Prompt/Discount ☐ 1-30 days slow ☐ 31-60 days slow ☐ more than 60 days slow  
(c) Amount now owing \$ \_\_\_\_\_, as of \_\_\_\_\_ (Date).  
(d) Amount now past due (indicate maturity dates and explanation). \$ \_\_\_\_\_  
(e) If past dues are due to foreign exchange problem does insured have evidence of local currency deposit on all payments due?  
☐ Yes ☐ No ☐ Not Applicable  
(f) If buyer is new account, indicate whether negotiating sales ☐ or \$ value of orders already received \$ \_\_\_\_\_
10. Describe any direct or indirect ownership interest or family relationship which exists between the insured and the buyer (or guarantor) or between the supplier and the buyer (or guarantor). if none, state "None".

11. **CREDIT AND FINANCIAL INFORMATION REQUIREMENTS \* for Credit Limit Applications of:**

**Up to \$50,000:** Credit Agency Report, **or** Trade Reference

**\$50,001 to \$100,000:** Credit Agency Report **and** Trade Reference

**\$100,001 to \$300,000:** Credit Agency Report **and** 2 Trade References

The Buyer's audited or signed unaudited financial statements for the last 2 fiscal years may be substituted for the trade references.

**\$300,001 to \$1million:** Credit Agency Report **and** 2 Trade References **and**

the Buyer's audited or signed unaudited financial statements for the last 2 fiscal years with notes.

**over \$1 million:** Credit Agency Report **and** 2 Trade References **and** a Bank Reference **and**

the Buyer's audited or signed unaudited financial statements for the last 3 fiscal years with notes.

\* The applicant's credit experience with the Buyer as completed in Question 9 may be substituted for a Trade Reference.

If fiscal year end statements are dated more than 9 months from the date of the application, the Buyer's interim statements must be submitted.

All references and credit reports must be dated within **6 months** of the application and show prompt credit experience for similar amounts and similar terms as described in Ex-Im Bank's Short Term Credit Standards for Buyers.

If the Buyer has a Market Rating you may submit the rating and date in place of the Credit and Financial Information.

If a Financial Institution (Bank) is the Buyer or a Guarantor or if a letter of credit is used no Credit and Financial Information is necessary.

**NOTE:** See Ex-Im Bank's Short Term Credit Standards (EIB99-09) **for Buyers**  
to determine the likelihood of approval.

12. **For applications submitted prior to January 1, 2000 submit an Ex-Im Bank Y2K Survey on the buyer and guarantor (if any).**

13. **CERTIFICATION OF PRODUCT USE AND REPRESENTATIONS:**

a) The applicant hereby certifies to the Export-Import Bank of the United States that, to the best of its knowledge and belief, the products and services to be exported in the transaction described herein are principally for use as indicated below. (When a sale is made to entities such as distributors primarily for resale, the principal user is considered to be the original purchaser (the distributor), and part A should be checked. If, however, the applicant has knowledge or reason to believe that the products will be re-exported from the original buyer's country, please check part B.)

A ☐ By the buyer in the country specified above.

B ☐ If not, name country where product will be principally used \_\_\_\_\_  
and by whom \_\_\_\_\_.

b) The applicant certifies that the representations made and the facts stated by it in the application for the special buyer credit limit **are true, to the best of its knowledge and belief, and that it has not omitted any material facts**. The applicant agrees that the representations and facts shall form the basis of the credit limit if issued and that the truth of such representations and facts contained herein shall be a condition precedent to any liability of Ex-Im thereunder. The applicant understands that this certification is subject to the **penalties for fraud** provided in Article 18, United States Code, Section 1001.

\_\_\_\_\_  
Name of Insured

By \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Umbrella Policy (EUS-)Administrator (if any)

By \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

Note: Please answer all questions and sign application. Applications not completely filled out or not submitted with required financial and credit information will be withdrawn.

**Send, or ask your insurance broker, administrator or city/state participant to review and send, this application to  
Ex-Im Bank, 811 Vermont Avenue, NW, Washington, D.C. 20571 or an Ex-Im Regional Office.  
The Ex-Im Bank website is <<http://www.exim.gov>>**